

STANDARD CERTIFICATE OF DEATH

39249

STATE FILE NUMBER

FILED NOV 18 1957

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1207

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR St. Joseph TOWN St. Joseph		c. CITY (If outside, give location) OR St. Joseph TOWN St. Joseph	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR St. Josephs Hosp. INSTITUTION St. Josephs Hosp.		d. STREET ADDRESS (If outside, give location) 1912 Holman	
3. NAME OF DECEASED (Type or print) First Gertrude Middle Dew Last Dew		4. DATE OF DEATH Month Oct. Day 31 Year 1957	
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH March 23, 1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	9. AGE (In years) 69 birth day Months Days Hours Min.
11. BIRTHPLACE (City and state or country) Fort Scott, Kansas		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William Kenyon		13b. MOTHER'S MAIDEN NAME Lillie Hutchison	
14. NAME OF HUSBAND OR WIFE Milton R. Dew		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. none		17. INFORMANT Mrs. Marie Freed, 1912 Holman, St. Joseph, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Thrombosis DUE TO (c) Myocardial Infarction PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hr. 1 month	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 4201	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED: WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 1951 to 10/31/57 and last saw her alive on 10/31/57 Death occurred at 8:55p. m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Leona Gervay M.D.	
22b. ADDRESS 510 Corby Bldg		22c. DATE SIGNED 11/5/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 11/2/1957	
23c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery		23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri	
24. FUNERAL DIRECTOR Heaton-Bowman		25. DATE RECD. BY LOCAL REG. Nov. 12, 1957	
26. REGISTRAR'S SIGNATURE Mrs. Robert Fulton			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed *William J. Galt*

Licensed Embalmer No. *4535*

P. O. Address *3145 10th St. N.W.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.